

	Class	Subclass
ISSUE CLASSIFICATION		

N

PATENT NUMBER

## U.S. UTILITY Patent Application

O.I.P.E. SCANNED <u>102</u> Q.A. <u>WJ</u>	PATENT DATE
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APPLICATION NO. 09/929596	CONT/PRIOR D	CLASS 607	SUBCLASS 41	ART UNIT 3762	EXAMINER <i>Shackleton</i>
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





TITLE	APPLICANTS
1. <b>General</b>	
2. <b>Specific</b>	
3. <b>Other</b>	

Fully implantable neurostimulator for autonomic nerve fiber stimulation as a therapy for urinary and bowel dysfunction

PTO-2040  
12/99

ISSUING CLASSIFICATION							
ORIGINAL		CROSS REFERENCE(S)					
CLASS	SUBCLASS	CLASS	SUBCLASS (ONE SUBCLASS PER BLOCK)				
<del>SECRET</del>	<del>SECRET</del>	<del>SECRET</del>	<del>SECRET</del>	<del>SECRET</del>	<del>SECRET</del>		
INTERNATIONAL CLASSIFICATION							
<del>SECRET</del>	<del>SECRET</del>						

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<input type="checkbox"/> <b>TERMINAL DISCLAIMER</b>	<b>DRAWINGS</b>			<b>CLAIMS ALLOWED</b>		
	Sheets Drwg. 	Figs. Drwg. 	Print Fig. 	Total Claims 	Print Claim for O.G. 	
<input type="checkbox"/> The term of this patent subsequent to _____ (date) has been disclaimed.	 (Assistant Examiner)			 (Date)		
<input type="checkbox"/> The term of this patent shall not extend beyond the expiration date of U.S Patent. No. _____ _____ _____	_____ (Primary Examiner)			<b>NOTICE OF ALLOWANCE MAILED</b>		
				<b>ISSUE FEE</b>		
				Amount Due	Date Paid	
<input type="checkbox"/> The terminal ____ months of this patent have been disclaimed.	_____ (Legal Instruments Examiner)			_____ (Date)		
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